

The United States  
District Court for  
the Northern District  
of Illinois, ~~East~~ Eastern  
Division

JUDGE CONLON

GARY Hightower Jr. } RECEIVED

VS

JUL 06 2004

ALL AROUND

AMUSEMENT

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

Robert, Selano }

Complaint

Judge

MAGISTRATE JUDGE SCHENKIER

DOCKETED  
JUL 07 2004

Now Comes Gary Hightower Jr. pray that  
the Honorable Court hear my Cry and Complaint

① Now I filed a case against ALL AROUND AMUSEMENT  
INC. for NOT PAYING ME for MINIMUM WAGES AND OVERTIME  
with THE ILLINOIS Department of LABOR Fair Labor  
Standard

② NOW They found that what I WAS SAYING to  
be true But refuse to CONTINUE to Bring Legal  
Action AGAINST MR ROBERT, I guess Because  
he's A MOBSTER and got political ties so the  
LABOR BOARD BECOMING THE COWARD they ARE  
refuse to pursue this with Government Authority

- ③ ~~Now~~ Now Your Honor I'm disable and I get SSI I WAS disable when I was working for MR ROBERT, My disability is Bypolar AND MR ROBERT told ME I WAS IN Show BUSINESS ~~He~~ He dont have to pay ME minimum wages
- ④ I want MR ROBERT to pay ME what the LABOR Bd SAID He owe ME 1,651,82 under the minimum wages LAW, 820 ILCS 105/1-15
- ⑤ NOW SINCE MR ROBERT Ignored the State LAW AND I had to file A CASE against him IN Federal Court I'm SUEING for ~~punitive~~ PUNITIVE DAMAGES ALSO 820 ILCS 105/12 (1994) for the Amount of 1,700,000 one million and seven hundred thousand
- ⑥ I pray that This Court GRANT ME this Relief AND whatever it feel deem

SS Mary Hightower JR  
SS 331-52-7081

1 ILLINOIS DEPARTMENT OF LABOR  
Fair Labor Standards - Compliance Processing Section  
160 North LaSalle Street, Suite C-1300  
Chicago, Illinois 60601-3150  
312-793-2804

Gary Hightower	)	<u>NOTICE OF DISMISSAL</u>
5042 N. Winthrop	)	
Chicago, Illinois 60640	)	
CLAIMANT,	)	
	)	
v.	)	DATE: June 1, 2004
	)	
All Around Amusement, Inc.	)	
RESPONDENT EMPLOYER,	)	
	)	FILE: 02-A01324

Dear Mr. Hightower:

Please be advised that we have conducted a thorough review of your claim. The record of evidence reveals that extensive work has taken place on your behalf in an effort to resolve your claim. Our investigation concluded and we made various attempts to conciliate the matter with the respondent employer. There are no further actions we can take on your behalf.

We are, therefore, unable to assist you any further and must dismiss your claim.

You may pursue other legal action if you so desire. Please note that there are statutes which limit the time you have to file a lawsuit. The determination above does not preclude any other recourses that may be available to you.

Very truly yours,  
Fair Labor Standards Division

ILLINOIS DEPARTMENT OF LABOR  
Fair Labor Standards Division  
160 North LaSalle Street, Suite C-1300  
Chicago, Illinois 60601

NOTICE OF LEGAL ACTION

APRIL 30, 2004

ROBERT SALERNO  
ALL AROUND AMUSEMENT, INC.  
21342 W. DIVISION  
LOCKPORT, IL 60441

File Number: 02-A01324

Dear Employer:

This Division has previously notified you of your failure to pay the employees named on the attached schedule, the amounts indicated as wages under the Minimum Wage Law, 820 ILCS 105/1-15. We have attempted to resolve this matter by requesting your compliance through the payment indicated. We have not received your payment.

Since you have failed to comply with the Act, we have begun the process necessary to refer this matter for court action by the Illinois Attorney General or the local States Attorney.

IF YOU WISH TO AVOID ANY FURTHER ACTION IN THIS MATTER, SUBMIT PAYMENT AS REQUESTED. Please send checks to this office made payable as per the following example: "JANE DOE (employee's name) OR ILLINOIS DEPARTMENT OF LABOR." DO NOT USE THE WORD "AND".

PLEASE LIST EACH EMPLOYEE'S INDIVIDUAL NAME AND THE ILLINOIS DEPARTMENT OF LABOR ON EACH INDIVIDUAL PAYCHECK. CHECKS MUST BE VALID FOR ONE YEAR IN AMOUNT INDICATED IN THE COLUMN LABELED "amount owed" for each employee on the summary sheets. Legal deductions as required by law are to be taken.

Unless Payment is made within fifteen (15) days of receipt of the notice, this case may be referred to the Office of the Illinois Attorney General or the local States Attorney for court action under the provisions of the Act cited above. That office may file a criminal or civil complaint for the nonpayment of wages, which may result in penalties and punitive damages. 820 ILCS 105/12(1994).

Sincerely,  
Fair Labor Standards Division

Illinois Department of Labor  
Fair Labor Standards Division

Ron Ward #5

#02-A01324

All Around Amusement

21342 W. Division

Lockport, IL 60441

815-725-2323

<u>EMPLOYEE NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>SOC.SEC.#</u>	TOTAL WAGES DUE <u>EMPLOYEE</u>
Hightower, Gary Jr.	5042 N. Winthrop	Chicago, IL 60640	331527081	\$1,651.82
TOTAL WAGES DUE				\$1,651.82

ILLINOIS DEPARTMENT OF LABOR  
Fair Labor Standards Division  
160 North LaSalle, Suite C-1300  
Chicago, Illinois 60601

FORMAL REQUEST FOR COMPLIANCE

MARCH 23, 2004

ROBERT SALERNO  
ALL AROUND AMUSEMENT, INC.  
21342 W. DIVISION  
LOCKPORT, IL 60441

FILE NO: 02-A01324

Dear Employer:

Pursuant to a field investigation, this Division has determined that the employer did not pay the minimum wage and/or overtime pay as required under the Minimum Wage Law, 820 ILCS 105/1-15, and that the employees listed on the enclosed summary sheet are owed back pay.

This Division formally requests that you bring your business into compliance with the Act and pay the stated wages to the named employees.

Please send checks to this office made payable as per the following example: "JANE DOE (employee's name) OR ILLINOIS DEPARTMENT OF LABOR." DO NOT USE THE WORD "AND".

PLEASE LIST EACH EMPLOYEE'S INDIVIDUAL NAME AND THE ILLINOIS DEPARTMENT OF LABOR ON EACH INDIVIDUAL PAYCHECK. CHECKS MUST BE VALID FOR ONE YEAR IN AMOUNT INDICATED IN THE COLUMN LABELED "amount owed" for each employee on the summary sheets. Legal deductions as required by law are to be taken.

Unless Payment is made within fifteen (15) days of receipt of this notice, this case may be referred to the Office of the Illinois Attorney General for court action under the provisions of the Minimum Wage Law cited above. That office may file a criminal or civil complaint for the nonpayment of wages, which may result in penalties and punitive damages. 820 ILCS 105/12.

In addition, please be advised that discrimination in any manner against an employee who makes a wage complaint, or testifies in an investigation by this agency, is prohibited under Section 11 (c) of the Minimum Wage Law. 820 ILCS 105/11(c).

We appreciate your anticipated cooperation and compliance with the labor statutes of this state.

Sincerely  
Fair Labor Standards Division

Illinois Department of Labor  
Fair Labor Standards Division

Ron Ward #5

#02-A01324

All Around Amusement

21342 W. Division

Lockport, IL 60441

815-725-2323

<u>EMPLOYEE NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>SOC.SEC.#</u>	TOTAL WAGES DUE EMPLOYEE
Hightower, Gary Jr.	5042 N. Winthrop	Chicago, IL 60640	331527081	\$1,651.82
TOTAL WAGES DUE				\$1,651.82

ILLINOIS DEPARTMENT OF LABOR  
Fair Labor Standards Division  
160 North LaSalle Street, Suite C-1300  
Chicago, Illinois 60601

NOTICE OF NONCOMPLIANCE WITH MINIMUM WAGE LAW

FEBRUARY 13, 2004

ROBERT SALERNO  
ALL AROUND AMUSEMENT, INC.  
21342 W. DIVISION  
LOCKPORT, IL 60441

File Number: 02-A01324

Dear Employer:

Pursuant to an investigation of the above-named establishment, our division has determined that your company has not complied with the provisions of the Minimum Wage Law, 820 ILCS 105/1-15. In order for the establishment to come into compliance with the Act, each employee named on the accompanying summary sheet must be paid the minimum wage and/or overtime back pay.

Please send checks to this office made payable as per the following example: "JANE DOE (employee's name) OR ILLINOIS DEPARTMENT OF LABOR." DO NOT USE THE WORD "AND".

PLEASE LIST EACH EMPLOYEE'S INDIVIDUAL NAME AND THE ILLINOIS DEPARTMENT OF LABOR ON EACH INDIVIDUAL PAYCHECK. CHECKS MUST BE VALID FOR ONE YEAR IN AMOUNT INDICATED IN THE COLUMN LABELED "amount owed" for each employee on the summary sheets. Legal deductions as required by law are to be taken.

You may file a request for review of this determination. Such a request must be in letter form and filed WITHIN 15 DAYS after receipt of this notice. The request shall be prominently marked "REQUEST FOR REVIEW OF INSPECTION RESULT" on both the letter and envelope and shall be mailed or delivered to the Department's Chicago Office. The request must set forth the reasons why the employer believes the determination is incorrect as a matter of law or fact or, if applicable, any newly discovered evidence the employer could not have discovered during the course of the inspection.

Thank you for your cooperation and anticipated compliance with the labor statutes of this state.

Sincerely,  
Fair Labor Standards Division



Illinois Department of Labor  
Fair Labor Standards Division

Ron Ward #5

#02-A01324

All Around Amusement

21342 W. Division

Lockport, IL 60441

815-725-2323

<u>EMPLOYEE NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>SOC.SEC.#</u>	TOTAL WAGES DUE EMPLOYEE
Hightower, Gary Jr.	5042 N. Winthrop	Chicago, IL 60640	331527081	\$1,651.82
TOTAL WAGES DUE				\$1,651.82



1. Compliance Officer

2. Number

3. File Number

4. Type

5. FEIN

## INSPECTION REPORT

6. Name of Establishment All Around Amusement Inc.
7. Address 21342 W. Division Lockport, IL 60441 Will  
Number Street City Zip Code County
8. Main Office Address Same
9. Individual Owner ☐ Partnership ☐ Corporation ☒ Other ☐
10. Senior Official's Name Robert Salerno Position President
11. Person Interviewed Name none Position \_\_\_\_\_
12. Nature of Business Carnival Liquor Served? ☐ Yes ☒ No
13. Time Records: ☐ Clock ☐ Other (specify type) not furnished ☒ None
14. Records Checked from \_\_\_\_\_ to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
15. Total Employees 50? Est. Phone Number 815-725-2323

MINIMUM WAGE LAW: In Compl: see below  
CHILD LABOR LAW: In Compl: \_\_\_\_\_  
SIX DAY WEEK LAW: In Compl: \_\_\_\_\_

IND HOME WORK LAW: In Compl: NA  
STREET TRADE ACT: In Compl: NA  
OTHER: In Compl: NA

16. THE FOLLOWING VIOLATIONS WERE FOUND. IMMEDIATE CORRECTION IS REQUIRED BY LAW.  
Claimant only inspection

Law	Section	# Violations	Description of Violations
105	4	1	Every employee must be paid the applicable minimum wage
105	4(a)	1	Every employee must be paid time and one half of their hourly rate for all hours worked in excess of 40 per week
105	8	1	Accurate records must be maintained for all non exempt employees
105	11(a)3	1	Employer must provide required records to IDOL employee upon request.

17. Publications Left: ☐ MW ☐ CLL ☐ 6 Day ☐ IHW ☐ Poster ☐ Other \_\_\_\_\_

18. Compliance Officer's Signature Paul O. Ward

Insp. Began: Date 10/24/03 Time 1:30 PM Return Date \_\_\_\_\_ Time \_\_\_\_\_

Return Date \_\_\_\_\_ Time \_\_\_\_\_ End Date 01/16/04 Time 4:00 PM

19. I have been informed of the above findings and have been given a copy of same

Signature/Title of Rep. Of Est. Unable to sign / Completed in Home Office

**GENERAL INFORMATION**

Wage Claim File No:

#02-AC1324

Business Name:

All Around Amusement

Telephone Number:

815-725-2323

Street Address:

21342 W. Division

City:

Lockport

State:

IL

Zip:

60441

Business Structure: ☒ Corporation☐ Limited Partnership☐ Partnership☐ Sole Proprietorship☐ Other:

If the business is a corporation, in which state is it incorporated?

Illinois

If incorporated in another state, is the corporation registered in Illinois? ☐ Yes ☐ No

Who is the President of the corporation?

Name:

Robert Salerno

Telephone Number:

815-725-2323

Street Address:

21342 W. Division

City:

Lockport

State:

IL

Zip:

60441

Who is the Registered Agent?

Name:

Juanita A. Salerno

Telephone Number:

same

Street Address:

same

City:

State:

Zip:

If the business is not a corporation, who is (are) the owner(s)? Use additional sheets if necessary.

Name:

Telephone Number:

Street Address:

City:

State:

Zip:

Is the business still operating? ☒ Yes ☐ No If yes, what is the average number of employees?If the business is closed, has any action been filed in bankruptcy court? ☐ Yes ☐ No

If yes, date of filing:

Case No.:

RESPONDENT EMPLOYER CERTIFIES that the foregoing, including attachments, is true and correct to the best of his/her knowledge and belief.

Executed at \_\_\_\_\_, in the State of \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_.

Signature

Title or Position

Type or print your name and title or position.

To: Gary Hightower Jr.

Date: 08-28-03

Dear Claimant:

The Illinois Department of Labor has attempted to contact you for further information required to complete the alleged complaint you filed against: All Around Amusement

Please advise us of your current address and daytime and evening phone numbers.

Please return this form within 10 days of receipt if you wish to proceed with this claim.

Note: In order for us to proceed with your claim, it will be necessary to reveal your name.

May we reveal? Yes \_\_\_\_\_ No \_\_\_\_\_

Your name \_\_\_\_\_

Your address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Daytime/Phone No. \_\_\_\_\_ times \_\_\_\_\_ to \_\_\_\_\_

Evening/Phone No. \_\_\_\_\_ times \_\_\_\_\_ to \_\_\_\_\_

Your signature \_\_\_\_\_ Dated \_\_\_\_\_

Return to: ILLINOIS DEPARTMENT OF LABOR  
FAIR LABOR STANDARDS DIVISION  
160 N. LASALLE STREET Suite C-1300  
CHICAGO, ILLINOIS 60601

(For Office Use Only)

Compliance Officer: Ron Ward #5

File No. #02-A01324

To: Gary Hightower Jr.

Date: 10-21-03

Dear Claimant:

The Illinois Department of Labor has attempted to contact you for further information required to complete the alleged complaint you filed against: All Around Amusement.

Please advise us of your current address and daytime and evening phone numbers.

Please return this form within 10 days of receipt if you wish to proceed with this claim.

Note: In order for us to proceed with your claim, it will be necessary to reveal your name.

May we reveal? Yes \_\_\_\_\_ No \_\_\_\_\_

Your name \_\_\_\_\_

Your address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Daytime/Phone No. \_\_\_\_\_ times \_\_\_\_\_ to \_\_\_\_\_

Evening/Phone No. \_\_\_\_\_ times \_\_\_\_\_ to \_\_\_\_\_

Your signature \_\_\_\_\_ Dated \_\_\_\_\_

Return to: ILLINOIS DEPARTMENT OF LABOR  
FAIR LABOR STANDARDS DIVISION  
160 N. LASALLE STREET Suite C-1300  
CHICAGO, ILLINOIS 60601

(For Office Use Only)

Compliance Officer: Ron Ward #5

File No. #02-A01324

CLAIMANT: Gary Hightower Jr. SS#331-52-7081

FILE NO : #02-A01324

RE: Minimum Wage and Overtime Complaint

Dear Mr. Rob Saleno,

A Compliance Officer from this division will be making a review of the time and payroll records for your establishment. At this time only with your cooperation, the scope of the investigation will be limited to the above named and listed claimant(s) only. Please bear in mind, normal investigation procedure is to review records for all employees, and with reason, this department can reopen this file.

The approximate time frame that we are interested is from 05/2002 to the claimant(s) termination payroll dates. We are requesting that LEGIBLE COPIES of the time and payroll records for the stated Claimant(s), be mailed this division within 15 days of receipt of this request.

The records should contain the following: name, address, social security number, rate of pay, hours of work per day and per workweek, gross wages per pay period, proof of age (for any employee under the age of eighteen (18) and any pertinent information regarding claimant(s).

Please mail legible copies to: ATTENTION: RONALD D. WARD, ILLINOIS DEPARTMENT OF LABOR - FAIR LABOR STANDARDS DIVISION, 160 N. LASALLE STREET, SUITE C-1300, CHICAGO, ILLINOIS 60601.

If you have any questions, please do not hesitate to contact our records coordinator at the listed address, or if you choose, you may contact me at my office, telephone number (312) 793-2804.

Sincerely,



Ronald D. Ward  
Compliance Officer



LAKEFRONT SUPPORTIVE HOUSING  
more than a roof

GARY Hightower JR  
Delmar Apartments  
5042 N. Winthrop ← APT 235  
Chicago, Illinois 60640  
Phone: (773) 506-3412 ♦ Fax: (773) 506-3417

# Fax

FAX NUMBER:

(312) 814-1210

DATE:

9-23-03

TO:

DEPT of LABOR <sup>MINIMUM WAGE AND OVERTIME</sup> CLAIM APPLICATION

COMPANY:

LABOR Dept

FROM:

GARY Hightower JR

COMMENTS: New Address 5042 N Winthrop APT 235  
Chicago, IL, 60640, Claim # 02-A01324  
Hightower JR VS ALL AROUND AMUSEMENT  
Lompert in Joliet IL

Number of Pages including cover sheet: 2

If you have any questions concerning this fax

Please call: (773) 506-3414

Case Managers: (L)

TaShena Lollis, John Wessel-McCoy, and Steven Skovensky

G, Hightower JR

Changed 10/14/0  
L. Marshall

**MINIMUM WAGE and OVERTIME  
CLAIM APPLICATION**

Illinois Department of Labor  
160 N. LaSalle Street, Ste. C-1300  
Chicago, Illinois 60601  
(312) 793-2804

**RECEIVED**

PLEASE PRINT OR TYPE INFORMATION  
Use additional sheets if necessary. Attach copies  
of all supporting documentation and other evidence.

**MW & OT**

SEP 24 2002

FOR OFFICE USE ONLY

Illinois Department of  
CHICAGO OFFICE

Claim Number: 02-A01324 001  
Labor SS 8.9 099  
C.O. # Type County Code

**EMPLOYER INFORMATION - MUST BE PROVIDED**

Business Name ALL AROUND AMUSEMENT  
Street Address (Not P.O. Box) LOMBARD IN JOLIET City JOLIET  
State IL Zip Code Telephone (517) 725-2323  
Type of Business CARNIVAL No. of Employees  
Contact Name ROB + WANETTA SALEN County WILL

**EMPLOYEE INFORMATION**

Your Name GARY HIGHTOWER JR Social Security # 331-52-7081  
Address 111 W DIVISION Room 207 City CHICAGO State IL  
Zip Code 60610 Daytime Telephone: (312) 642-7150 Birth Date 1-5-58  
Evening Telephone: (312) 642-7150 - no longer works there

Please indicate: ☒ I do not want my name revealed to the employer.  
☐ My name may be revealed to the employer.

773-560-3412 - not in  
#235 service

Your Title LABORER

Were you a professional employee? ☒ Yes ☐ No Did your position require a college degree? ☐ Yes ☐ No

Were you a manager? ☐ Yes ☒ No Did you supervise anyone? ☐ Yes ☐ No

List your primary duties: Set up machine or rides Break down machine or rides  
Clean up around the area the CARNIVAL is showing

How were you paid? ☒ Salary ☐ Hourly ☐ Other He said SALARY to avoid Hourly wages

Check if you received: ☐ Meals ☐ Lodging ☐ Tips ☐ Other

Dates of Employment		Actual Hours Worked Per Week	Wages Per Hour	Tips Per Hour
From <u>5-22-02</u>	To <u>9-22-02</u>	<u>85 or more</u>	<u>\$2.35</u>	
From _____	To _____	_____	_____	_____
From _____	To _____	_____	_____	_____

TYPE OF CLAIM: ☒ Minimum Wage ☒ Overtime AMOUNT CLAIMED \$ 5000 5000

I HEREBY CERTIFY that the foregoing including attachments, is true and accurate to the best of my knowledge and belief. I UNDERSTAND that acceptance of this claim by the Illinois Department of Labor does not guarantee collection. I AUTHORIZE the Department of Labor to receive any monies and to mail such monies to me at my own risk.

Signature Gary Hightower JR Date 9-27-02

**IF YOU HAVE ADDITIONAL INFORMATION, PLEASE INCLUDE WITH THIS CLAIM FORM.**



# JOB AT ALL AROUND AMUSEMENT

GARY Hightower 331-52-7081

5-22-02 13.5 9:30 AM to 11 PM  
5-23-02 8 3:00 PM to 11 PM  
5-24-02 8 3:00 PM to 11 PM  
5-25-02 8 3:00 PM to 11 PM  
5-26-02 12 12 PM to 12 AM  
5-27-02 11 12 PM to 5 AM  
5-29-02 13.5 9:30 AM to 11 PM  
5-30-02 8 3:00 PM to 11 PM  
5-31-02 11 12 PM to 11 PM  
6-2-02 13.5 9:30 AM to 11 PM  
6-3-02 8 3:00 PM to 11 PM  
6-4-02 8 3:00 PM to 11 PM  
6-5-02 8 3:00 PM to 11 PM  
6-6-02 11 12 PM to 11 PM  
6-7-02 11 12 PM to 11 PM  
6-8-02 13.5 9:30 AM to 11 PM  
6-9-02 8 3:00 PM to 11 PM  
6-10-02 8 3:00 PM to 11 PM  
6-11-02 8 3:00 PM to 11 PM  
6-12-02 11 12 PM to 11 PM

SOME DAZE THEY  
WOULDNT LET US SIGN IN  
TO KEEP FROM PAYING US  
OR HAVE A SIGN SHEET  
OUT THERE ON THE  
GROUNDS

7-9-02 13.5 9:30 AM to 11 PM

7-10-02 8 3 PM to 11 PM

7-11-02 8 3 PM to 11 PM

7-12-02 8 3 PM to 11 PM

7-13-02 13 12 AM to 12 AM

7-14-02 18 11 AM to 5 AM

7-16-02 13.5 9:30 AM to 11 PM

7-17-02 8 3 PM to 11 PM

7-18-02 8 3 PM to 11 PM

7-19-02 8 3 PM to 11 PM

7-20-02 13 11 AM to 12 AM

7-21-02 16 11 AM to 5 AM

7-22-02 15 3 PM to 10:30 PM

7-23-02 15 5 PM to 10:30 PM

7-24-02 15 5 PM to 10:30 PM

7-25-02 15 5 PM to 10:30 PM

7-26-02 15 5 PM to 10:30 PM

7-27-02 15 11 AM to 11:30 PM

7-28-02 8 9: PM to 5:00 AM

7-29-02 13 10: AM to 11:00 PM

7-30-02 10 10: AM to 11 PM

7-31-02 10 10: AM to 4: PM

Where ALL AROUND  
AMUSEMENT  
Worked CAT NIVAL

ANY WAY FOR

8-022-02 DATE 24

19600  
29-02 17  
1800 10  
15-02 10  
1800 3

for two months  
they havent paid me over  
two hundred dollars

on six days of work  
1-12-02 he paid me  
58.00 for fine date

I did not come in on Sunday  
he docked 92.00 Dollars  
for one day miss of work  
TALKING ABOUT I MISS  
EAR DOWN

Every Sunday They  
deducted 42.00 and the  
not two Sunday They deducted  
100.00 Dollars

GARY HIGHTOWER  
331-52-7081

331-52-7081

8-25-02 9pm to 6am

8-27-02 13 10am to 11pm

8-28-02 13 10am to 11pm

8-29-02 5 5pm to 10pm

8-30-02 11 12pm to 11pm

8-31-11 12pm to 11pm

9-2-02 8 9pm to 5am

9-3-02 13 10am to 11pm

9-4-02 5 5pm to 10pm

9-5-02 5 5pm to 10pm

9-6-02 7 4pm to 11pm

9-7-02 11 12pm to 11pm

9-11-02 7 3pm to 10pm

9-12-02 5 5pm to 10pm

9-13-02 5 5pm to 10pm

9-14-02 12pm to 11pm

9-18-02 5pm to 10pm

9-19-02 5pm to 10pm

9-20-02 5pm to 10pm

9-21-02 12pm to 11pm

They only paid me  
105 so they owe me  
Twenty Dollars

SS 331-52-7081

Illegal deduction

They kept deducting

shirts \$35.00

They deducted \$50.00

for union

They deducted \$20.00

They deducted \$15.00

for two months

July and August they

deducted money out of

checks for no reas

They deducted for

Sundays even when I

worked that Night of

Sundays. And they held

back one week pay me

wont give it to me

at \$250.00 a week